**PETROC GROUP PRACTICE OPIOID PRESCRIBING POLICY**

CONTENTS

[SCOPE 1](#_Toc182314734)

[GENERAL PRACTICE STANDARDS 1](#_Toc182314735)

[OPIOID PRESCRIPTIONS 2](#_Toc182314736)

[REVIEW OF OPIOID PRESCRIBING 2](#_Toc182314737)

[OPIOD AND BENZODIAZEPINE CO-PRESCIBING 3](#_Toc182314738)

[RESOURCES 4](#_Toc182314739)

[REFERENCES: 4](#_Toc182314740)

[APPENDIX A 4](#_Toc182314741)

[NOTIFICATION OF THEFT/UNACCOUNTED LOSS OF DRUGS 5](#_Toc182314742)

SCOPE

This policy is based on MHRA recommendations, Faculty of pain and Nice Guidance. It is intended to outline a strategy to manage the risks and maximise benefits when prescribing opioid medications.

Opioid medications (opioids) provide relief from serious short-term pain, however long-term use in non-cancer pain (i.e. longer than 3 months) carries increased risk of dependence and addiction. The risk of addiction is present even when these medications are used at a therapeutic dose. Patients may find that treatment is less effective with long term use and therefore may feel the need to increase the dose to obtain the same level of pain control as initially experienced.

There is a risk of tolerance, dependence and addiction to opioid drugs for all patients. There is also the risk of withdrawal reactions and additional risk of hyperalgesia – where a patient has increased sensitivity to pain due to the long-term use of opioids. This is not pain due to disease progression but pain induced by the use of the drugs themselves.

GENERAL PRACTICE STANDARDS

* If the decision to prescribe an opioid is taken after a shared discussion of goals, plans, risks and benefits, you may be required to confirm your consent in writing.
* You may need to acknowledge that your care requirements are complex, and that referral for ongoing care for all or part of your healthcare may be required. It is our practice policy that patient care is matched with the level of complexity.
* Patients are reminded that we have a zero-tolerance policy on issues relating to staff verbal or physical abuse. Any threats to staff will result in transfer of your care.

OPIOID PRESCRIPTIONS

* Prescriptions for strong opioids will not usually be added to your repeat medication list.
* A maximum of 28-dayprescription supply will be issued at a time.
* Lost prescription or medication requested early will only be issued in exceptional circumstances. You will be required to complete a lost medication form (See [NOTIFICATION OF THEFT/UNACCOUNTED LOSS OF DRUGS](#LostDrugsForm)) to assess the risk of these lost medications to the public and to ensure an audit trail is available to highlight patterns of behaviour and risk.
* All opioid prescriptions will include full directions wherever possible and use of ‘as directed’ directions will be avoided.

REVIEW OF OPIOID PRESCRIBING

We know there are patients who have been taking these medications for a number of years. We will need to review these patients and discuss slowly weaning off their opioid medication. This will be done either with their usual doctor or with our in-house pharmacist.

We appreciate that for a patient who has been taking opioids for a number of years, there may be a sense that they won’t be able to cope without them. Evidence does show that we can reduce withdrawal symptoms by reducing the dose of the opioid medication slowly. The reduction schedule would be individualised for each patient.

If it is necessary to prescribe opioid medication a GP will discuss:

* before starting treatment with opioids, a treatment strategy will be agreed with the patient and plan for end of treatment.
* All patients newly initiated on opioid medication will be reviewed within 2-4 weeks of initiation, pain assessed, and a decision made as to the effectiveness of the drug. A small proportion of people may obtain good pain relief with opioids in the long term if the dose can be kept low and especially if the use is intermittent.
* that opioid medicines (opioids) provide relief from serious short-term pain; however long-term use in non-cancer pain (longer than 3 months) carries an increased risk of dependence and addiction and there is little evidence for this use.
* If opioid medication is maintained longer than 3 months a rationale for ongoing treatment should be provided in the context of risk and benefit of this treatment. A review of medication will therefore be organised at 3 months of treatment. N.B. an opioid contract should be agreed in writing at this time.
* If a patient has pain that remains severe despite opioid treatment it means they are not working and should be stopped, even if no other treatment is available.
* Wherever possible, patients will see the same prescriber for review of their opioid prescription.
* The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg / day (OME), but there is no increased benefit: Tapering and stopping high dose opioids needs careful planning and this involves collaboration between the GP and patient to achieve a shared goal of safe effective prescribing.
* with patients that prolonged use of opioids may lead to drug dependence and addiction, even at therapeutic doses – warnings have been added to the labels (packaging) of UK opioid medicines to support patient awareness
* explain the risks of tolerance and potentially fatal unintentional overdose, and counsel patients and caregivers on signs and symptoms of opioid overdose to be aware of (see [opioids safety information leaflet](https://www.gov.uk/guidance/opioid-medicines-and-the-risk-of-addiction) ([Opioid medicines and the risk of addiction - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/opioid-medicines-and-the-risk-of-addiction)) plus [PDF leaflet](https://assets.publishing.service.gov.uk/media/5f6a078ed3bf7f7238f23100/Opioid-patient-safety-information-leaflet-v2-Aug2021.pdf) ([letter (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/5f6a078ed3bf7f7238f23100/Opioid-patient-safety-information-leaflet-v2-Aug2021.pdf))
* provide regular monitoring and support especially to individuals at increased risk, such as those with current or past history of substance use disorder (including alcohol misuse) or mental health disorder
* Patients on long-term opioids will be reviewed every 6 months to discuss slowly weaning off their opioid medication. Treatment will only be continued where there is clear on-going evidence of benefit.
* at the end of treatment, we would aim to taper the dosage slowly to reduce the risk of withdrawal effects associated with sudden cessation of opioids; tapering from a high dose may take weeks or months.
* All non-malignant strong opioid treatment will have a ‘pop up; flagging the date of initial agreement and the date for the 3 month review. As scripts will be issued on ‘acute’ this will act as a flag for the review.

OPIOD AND BENZODIAZEPINE CO-PRESCIBING

It is acknowledged that there is a significantly increased risk of co-prescribing benzodiazepines and opioids. It is recognised that co-prescribing benzodiazepines (and similar drugs) with opioid medication increases the risk of sedation, respiratory depression coma and death. GPs therefore will:

* only prescribe benzodiazepines (or benzodiazepine-like drugs) and strong opioids together if there is no alternative
* if a decision is made to co-prescribe, use the lowest doses possible for the shortest duration of time and carefully monitor patients for signs of respiratory depression
* if there is any change in prescribing such as new interactions or dose adjustments, re-introduce close monitoring of the patient
* advise patients of the symptoms of respiratory depression and sedation and the need to seek immediate medical attention if these occur

RESOURCES

The ‘My Live Well With Pain’ website ([Home - Live Well with Pain](https://livewellwithpain.co.uk/)) has a range of useful resources to help you learn the skills you need to become an effective self-manager of your pain. If you have any concerns or would like to discuss your conditions/medications, please do speak to your usual doctor or our pharmacist.

REFERENCES:

[Opioids: risk of dependence and addiction - GOV.UK (www.gov.uk)](https://www.gov.uk/drug-safety-update/opioids-risk-of-dependence-and-addiction) (accessed 2/7/2024)

[NHS England — South West » Opioid prescribing for chronic pain](https://www.england.nhs.uk/south/info-professional/safe-use-of-controlled-drugs/opioids/) (Accessed 2/7/2024)

[Overview | Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE](https://www.nice.org.uk/guidance/NG193) (accessed 2/7/2024)

[Home - Live Well with Pain](https://livewellwithpain.co.uk/) (accessed 2/7/2024)

[Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression - GOV.UK (www.gov.uk)](https://www.gov.uk/drug-safety-update/benzodiazepines-and-opioids-reminder-of-risk-of-potentially-fatal-respiratory-depression) (accessed 2/7/2024)

APPENDIX A

**See following page**

NOTIFICATION OF THEFT/UNACCOUNTED LOSS OF DRUGS

Please complete the below form. Loss of controlled drugs is a significant clinical event. These drugs are potentially addictive in nature and are open to abuse. Loss in a public place may put other people at risk (especially children). It is important that you complete this form as fully as possible. This will help us ensure that risk to other members of the public is limited and will help us to ensure that we are aware of persons who may need further help and supervision.

|  |  |
| --- | --- |
| **Patient name and address.**Full name (inc Middle)Home Address  |  |
| **Date that the Theft/ Loss occurred** |  |
| **Has there been a delay in reporting the Theft/Loss?****If so please state the reason for the delay.** |  |
| **Location of Theft/Loss (if different from above)** |  |
| **Please provide the details of the Drugs Lost/Stolen – including the drug type(s), form(s), quantities.** |  |
| **Please provide the circumstances of Theft/Loss** |  |
| **Please provide the details and actions taken by the Police, including contact details, date and Crime Reference number****If the police have not been notified please provide an explanation to why no contact has been made.****If any other company involved (E.g. train / bus), who has been contacted regarding this loss?** |  |
| **Has this particular type of incident occurred before, i.e. is there any emerging pattern? (GP to complete)** |  |
| **Name of person completing this form:** |  |
| **Date:** |  |